

MEMBERSHIP FORM

Your membership dues will help us continue to improve the quality of life of those affected by neurological disorders. Our services include educational programs, support groups and access to our extensive resource lending library.

Your Name(s) _____

Street Address _____ *City* _____ *Zip Code* _____

Phone Number _____ *Email address* _____

Would you like to receive our newsletter, the NeuroTransmitter:

By email?

By standard mail?

Both?

Individual	\$ 30	If you would like to pay by credit card, please visit our website http://tnrcmembership.eventbrite.com or complete the following information and mail to the address above: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Account # _____ Expiration Date: _____ CVS # (from back of card): _____ Card Holder's Name : _____ Zip Code of Billing Address: _____ Signature: _____
Family	\$ 60	
Corporate/Healthcare Membership	\$100	
Platinum/Healthcare Membership	\$150	
Donation		
Total		

If you have time and/or talents that you would like to share with us, please call to discuss volunteer opportunities.

The Neurological Resource Center's Vision:
No one left alone to deal with a neurological disorder.